

(Re	equestor's Name)	 				
(Address)						
(Address)						
(Ci	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL				
(Bo	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

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TO SECTION

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02	2/27/2020	
Name:	Merritt Walker	
Reference #:	1192593	
		TION OF AMERICA III, INC.
☐ Articles	of Incorporation/Authorizat	tion to Transact Rusiness
☐ Amendn	·	Non to Transact Basiness
	of Agent	
Reinstat	ement	
Convers	ion	
Merger		
Dissoluti	ion/Withdrawal	
Fictitious	s Name	
Other		
Authorized Amo	ount: \$35	
Signature:		

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provi statement of change i in order to c	-	rporation organiz	ed under the laws	of the State o	f Flori			
1. The name of the corporation: ACH Corporation of America III, Inc.								
2. The principal offic	e address:							
777	777 E. Altamonte Drive			orings	FL	32701		
3. The mailing addres	ss (if different): 4 Vista Parkway, S		lm Beach, FL 33					
4. Date of incorporati	on/qualification:	06/18/2001	Document nu	mber:	P010000	30692		
5. The name and stree Florida Departmen	et address of the cur t of State: (If resign			office on file	with the	207		
	Charles L Hall					2020 FEC		
	777 E. Altamonte Drive					T 27		
-	Altamonte S	Springs	· FL	32701	_			
6. The name and stree (if changed):	et address of the nev	registered agent		or registered (office	PH 2: 00		
	445	North Calhoun St			_			
	1131	P.O. Box NOT ac	·····		_			
	Tallahas	see	Florida	32301				
The street address of as changed will be id Such change was authorized by the box	entical.				•	J		
authorized by the boa	ira, or the corporati	on has been nour		_				
Sugmanific of an	ol per or director			r typed name and		ر_ ھ. 		
I hereby accept the a I further agree to con performance of my di agent. Or, if this doc hereby confirm that t	prointment as regis inply with the provis uties, and I am fami nament is being filed the corporation has	tered agent and a ions of all statute liar with and acc I merely to reflect been notified in v	ogree to act in this s relative to the p ept the obligation a change in the i writing of this cha	s capacity, proper and co vof my position registered off mge.	omplete on as regis ice addres:	tered s, I		
Kaleigh God	odman			01/22/2020				
Signature of	t Registered Agent			Date				
If signing on behalf of	of an entity:							
COGENCY GI	Printed Name							

* * * FILING FEE: \$35.00 * * *